

**MEDICAL RECORD**

**NIH Durable Power of Attorney  
for Health Care Decision Making**

**INSTRUCTIONS:** You have the right to name someone to make decisions regarding your medical care if you are not able to make decisions yourself. Please fill out PART 1 of this form if you wish to name someone to make decisions concerning your clinical care and participation in research in the event you are unable to make your own decisions. You may state in PART 2 when various forms of medical treatment including life-sustaining measures should be provided, withheld or discontinued. This NIH Durable Power of Attorney (DPA) form should reflect (not replace) the discussion of these and other issues with your doctor, family and the person you name. This form must be signed and witnessed in PART 3.

[ ] DPA Required for Enrollment on IRB Approved Protocol

**PART 1**

I, \_\_\_\_\_ (the patient) authorize the person(s) named below, in the event that I become unable to make decisions, to exercise power of attorney for health care over my person for the sole purpose of making decisions on my behalf for my clinical care and participation in research. Unless revoked by me orally, or in writing, the person shall hold the durable power of attorney for health care decision making until I complete my participation in clinical care and research at the National Institutes of Health.

<p><b>TO:</b> Person receiving durable power of attorney for health care decision making:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____ (City) (State) (Zip)</p> <p>Telephone: _____ (Home) (Work)</p>	<p><b>ALTERNATE:</b> If the named person receiving durable power of attorney to make health care decisions for me is unavailable, I name this person (optional):</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____ (City) (State) (Zip)</p> <p>Telephone: _____ (Home) (Work)</p>
--	---

**PART 2**

**STATEMENT OF DESIRES, VALUES, SPECIAL PROVISIONS AND/OR LIMITATIONS:** It is important that the person you name makes health care decisions that reflect your known desires and values. Therefore, you should discuss your desires and values with the person named, your doctor and your family. You are encouraged, but are not required, to state your desires and values in the space provided below. You may wish to include a statement of your desires concerning life-sustaining care being provided, withheld or discontinued. Some issues that you may want to consider and discuss are listed on the back of this form. Also, you may ask your doctor. If additional space is needed, please use the NIH-200-1 NIH Durable Power of Attorney for Health Care Decision Making: Continuation Form and attach to this form.

[ ] **CONTINUATION SHEET ATTACHED** (Please Check if NIH-200-1 is used.)

**PART 3**

**PATIENT SIGNATURE:** You and one witness must sign this document for it to be valid. This DPA is valid only at the Clinical Center.

\_\_\_\_\_ Executed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_  
(Patient Signature)

**WITNESS SIGNATURE:** The role of the witness is to assure that the person who signed as "patient" is the individual who appointed the person named in this document. The witness may not be the person receiving the durable power of attorney or the physician who is directly responsible for medical decisions involving the care of the patient.

\_\_\_\_\_ (Witness Signature) \_\_\_\_\_ (Date)

Patient Identification

NIH Durable Power of Attorney  
for Health Care Decision Making  
NIH-200 (3-98)  
P.A. 09-25-0099  
File in Section 4: Advance Directives

## **SOME ISSUES FOR CONSIDERATION AND DISCUSSION**

When naming a person to hold your Durable Power of Attorney (DPA) for health care decision making, it is particularly important to talk about life-sustaining treatments. You or the person you name to hold your DPA may need to make important and perhaps difficult choices. Before completing your DPA form, you should discuss these matters with your doctor, family members and especially the person you name to hold your DPA. You may wish to receive some life-sustaining treatments, but not others. The following are some common issues and life-sustaining treatments you may want to discuss:

**CARDIOPULMONARY RESUSCITATION (CPR):** Treatment to try to restart a person's breathing or heartbeat. CPR may be done using drugs or electric shock, pushing on the chest or putting a tube down the throat. Afterwards, patients go to the Intensive Care Unit (ICU).

**DO NOT RESUSCITATE (DNR):** An order written by a doctor to withhold cardiopulmonary resuscitation (CPR) if a patient's breathing or heart stops.

**VENTILATOR SUPPORT:** A breathing machine (or respirator) to help a patient breathe if he/she cannot breathe on his/her own.

**IRREVERSIBLE COMA OR PERSISTENT VEGETATIVE STATE (PVS):** Generally, a person is in PVS when he/she is unconscious with no hope of regaining consciousness even with medical treatment. He/she may move and eyes may be open, but as far as anyone can tell, the person cannot think, feel or respond and is unaware of self and surroundings.

**TERMINAL CONDITION:** An irreversible medical condition in which the patient's doctors have concluded that the patient has no reasonable expectation of recovery, that the patient is dying and that the use of life-sustaining treatments would only prolong the dying process.

**LIFE-SUSTAINING TREATMENTS:** Drugs, blood products, medical devices or procedures that can keep individuals alive who would otherwise die within a foreseeable but usually uncertain time.

**ARTIFICIAL NUTRITION AND HYDRATION:** Nourishment and fluids provided through tubes or by other artificial means if a patient is unable to eat on his/her own.

**COMFORT MEASURES (PALLIATIVE CARE):** Being kept as comfortable and pain-free as possible but not intended to prolong life (e.g., sedatives and pain relieving medications).

**INTENSIVE CARE UNIT (ICU):** A special hospital unit for complex treatment and continuous monitoring of critically ill patients.

**QUALITY OF LIFE:** A person's set of values or conditions which a person would use (or would want someone else to use for him/her) to determine what makes life worth living. For example, a person may value: the ability to think, communicate or interact with others; the ability to do activities of daily living like eating and bathing; being kept as free of pain as possible. These values are hard for others to know about unless a person discusses them specifically.